

LEA1 - Annabella McCrae

-17- Biographical Data

BTS appl.
1893
place in
oversize
box

Aug, 22, 1967

FROM THE DESK OF

MISS SYLVIA PERKINS

In Mrs McCrae's handwriting
in Lee's Hist. Socy Pres. Hsp.
on end-papers front

"Wisdom is knowing what to
do next;
Skill is knowing how to
do it;
and Virtue is doing it."
source not quoted

McCrae folder

McCrae Annabella

died Sunday before Feb. 3 (Tues) 1948; age 84
Funeral Wed. Feb. 4 Gordon Chapel, Old South Church
see editorial ? Globe or Herald

born in St. Louis, Quebec
framed McLean & Sohn & M. G. H. Sohn

retired 1934 Saunders Medal

a McC Loan Fund

Procedures in Nursing translated into Turkish &
Chinese

"forceful, autocratic & conscientious"
Teacher says Boston Herald edit

Massachusetts General Hospital Training School for Nurses.

BOSTON,190

M

DEAR MADAM :

Your application for admission to the Training School has been accepted. A vacancy is offered you on.....
.....
.....
.....

An immediate answer is requested, stating whether you can accept it or not. If you accept the vacancy, please do not destroy this paper.

If anything occurs to interfere with keeping the above engagement, or there is a change in your address, you will kindly notify me immediately.

We require the probationers to bring three light-colored cotton dresses, plainly made ; standing linen collars ; eight aprons of white cotton sheeting, two yards wide, coming within an inch of bottom of dress skirt, hem six inches wide, fastened by two buttons at band ; a napkin ring ; two bags for soiled clothes ; and well fitting boots. The underclothing must be plainly made, and *indelibly* marked on band or front of garment with full name.

When accepted (after the months of probation), pupils must provide themselves with a watch with second hand, rubber heels for boots, a flannel jacket that can be washed, and the uniform of the school.

If the teeth are out of order in any way, or glasses are required for the eyes, they must be attended to before coming for the probationary months.

The cotton dress and apron must always be brought with hand luggage, as delivery of trunks may be delayed.

Yours very truly,

.....
Supt. Training School.

BOSTON TRAINING SCHOOL FOR NURSES,

ATTACHED TO THE

MASSACHUSETTS GENERAL HOSPITAL.

BOSTON, *April 6,* 189*4.*

I, the undersigned, hereby agree to remain at the BOSTON
TRAINING SCHOOL FOR NURSES ^{*one*} ~~two~~ year*s* as a pupil of the
School.

[Pupils will receive ten dollars (\$10) a month during the first year, and
fourteen dollars (\$14) a month during the second year, for their personal
expenses. When the full term of two years is satisfactorily completed, a
diploma will be given, certifying to their period of training, their proficiency,
and moral character.

The Directors reserve the right to terminate the connection of a pupil
with the School for any reason which they may deem sufficient.]

Annabella M. Chase

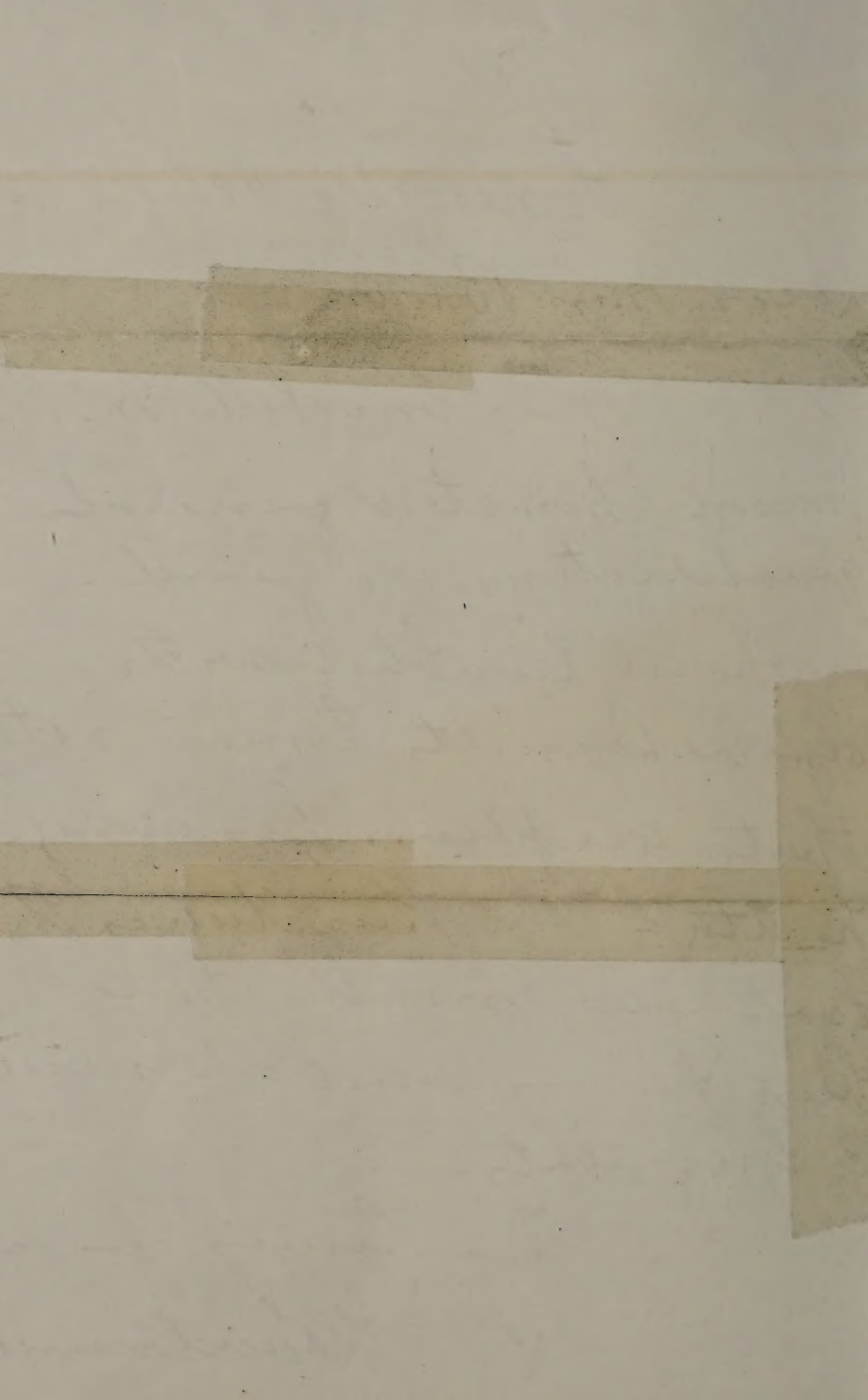
Lommesville Oct. 17. 1933

Dear Miss Brown

Miss Lomabella McLean
moral character & general
qualifications are good.

She is troubled with
dyspepsia at times, with
that exception has average
health - Her duties the
last few months have
been heavy, and she needs
a long rest.

Very truly yours
L. E. Wardman



68 St. Famille St
Montreal, Oct 16, 1893

Miss Brown
Supt Boston Training School for Nurses,
Dear Madam,

I am in receipt of yours
of the 11th inst. making in-
quiries regarding Annabella
McBae. I have pleasure
in replying that I have
known her from early child-
hood, and gladly bear testimony
to her high character and
the excellence of the training

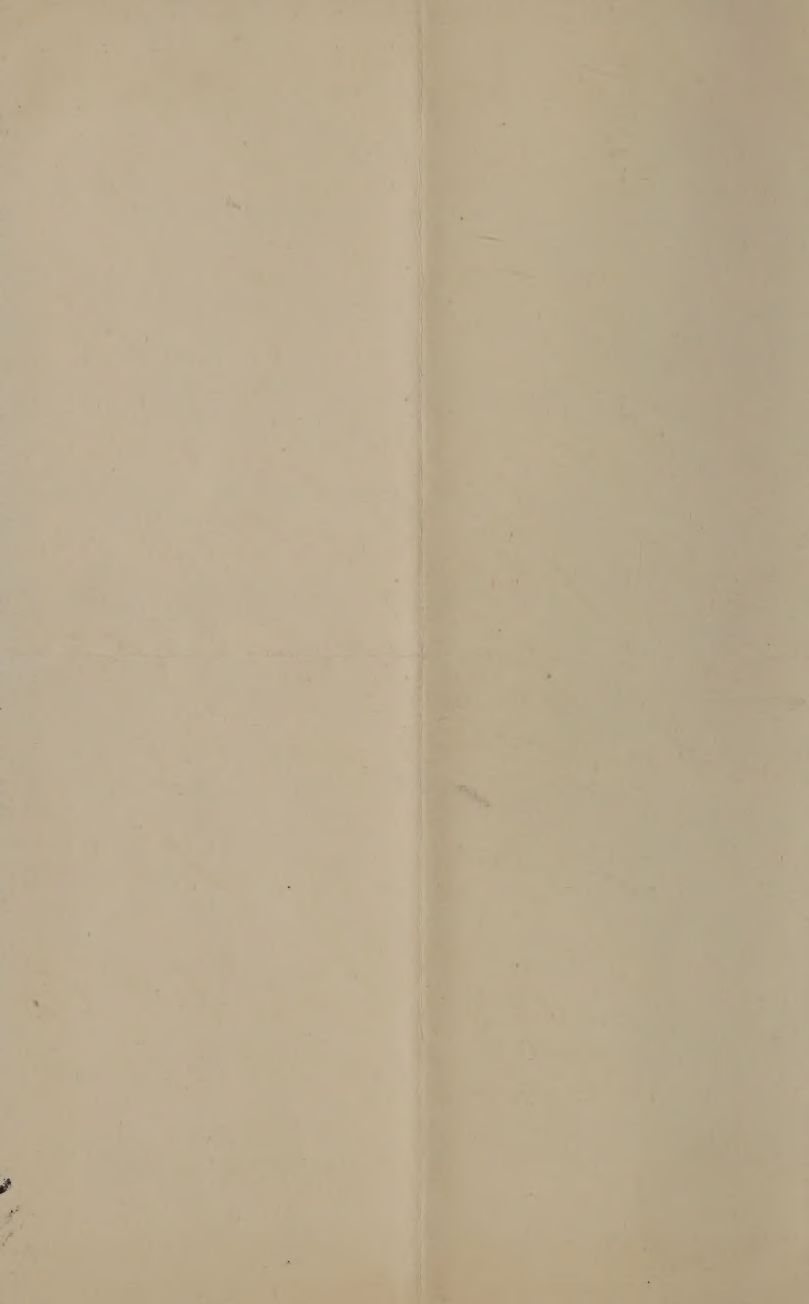
She has received in the family circle to which she belonged.

As to special qualifications for nursing, I can say nothing, farther than to state that for many years I know her & have cherished the desire to acquire a knowledge of the duties pertaining to this profession, and I think suppose that

enthusiasm for a calling
and a determination to
qualify for it ought to
be regarded as one of
the best preservatives
on the part of those en-
tering upon a course of
preparation for it.

Yours very truly,

Robert Hamblett D.D.,
Minister of Gabriel Church



Born in Canada. Service of India -
of Highland Scotch parentage - at
the outbreak of the Civil War.
Educated in public and private
schools -

Professional
Nursing

Came to the United States 1891
and entered McLean Hospital

grad. 1893 - Remained as
head nurse six months or more -

Entered Mass. Gen. Hospital ~~and~~
and graduated 1895 -

Assistant to Mrs. Blanche M. Thayer
from 1895 - 1902 -

Was reorganizer of School of Nursing
at Mass. General Hospital 1902 -

was appointed part time lecturer
and assist. to Mrs. P. L. Dolores -

In 1912 - made full time instructor

in Nursing by Mrs. Sara E. Parsons - ~~as~~ ^{chief or} ~~and~~ ^{decline}

service ~~at~~ -

Number of Students during incumbency as
part. time or full time instructor - 1.489 -

Gray book 853 -

since 1922. 636
1.489 -

Organizations - Red Cross - since April 1911 -
Charles member. Mass State Nurses Assn -
Chairman of Census Committee 1904-1913
+ Councillor -

Secretary or Treasurer -

Mass. State League of Nursing Ed -
1913-1915 -

President S. G. H. Mass. Gen. Hospital
1914-1919-1923-1926 -

Assisted Miss Mary M. Butler at Camp Decatur -
in organizing & teaching in process of nursing -

Teaching Experiences has been supplemented
Summer Session Teachers College - 1916

State Department of Education University Extension
in Psychology of Teaching - 1925 -

Boston University Summer Session 1926 -
in Principles & Methods of Teaching in Secondary
Schools -

Number of graduates who have ~~done~~
served as supervisors or instructors since 1905 -
Supervisors

Includes only - as far as I could
go - or knew of - but with mentioning -

McCrea, Annabella

Graduated from McLean Hospital in 1893

Source: Autobiography in file
Q.R. 6/48

Graduated from MGH School of Nursing in 1895

Memorial Issue Q.R. 6/48

Experience before MGH positions:

Charge Appleton House - 1893 - 3 months

Quincy Hospital, Quincy, Mass. Assistant Superintendent, including
bedside teaching and operating room, 1895-1902
or
1896

Summer Course, Dept. of Nursing and Health, Teachers College, 1916 (Announcement
1926-27)

Books published:

Procedures in Nursing (Vol. 1 published 1923 - Translated into Turkish and Chinese
(Vol. 2 published 1925

Textbook of Nursing Practice, 1925 - Revised 1927, and again in process of
revision (1934 ?)

Written contributions at various times on subjects pertaining to the
different phases of teaching nursing.

Organizations, Membership in

Mass. State Nurses' Association, 1904-1913

Mass. League of Nursing Education

Offices held in Organizations:

Chairman Census Committee, 1904-1913

Councillor - 2 years Mass. State Nurses' Association

Secretary and Treasurer, Mass. League of New England, 1913-1915

Committees served on:

President Sick Relief Association M.G.H. Alumnae Association, 1914-1923

POSITIONS HELD AT M.G.H.:

	DATE
Assistant Superintendent of Nurses Training School and part-time instructor in theory and practice, 1902-1912	1902-1912
Full time instructor in principles and practice of nursing, 1912-1934	1912-1934
	or 1913
L.A. Spring 1934 to revise book. L.A. extended to September, 1935, date of retirement.	Q.R. 9/1934 p.11

Organized course in nursing practice and taught at Camp Devens, Ayer, Mass., summer of 1918

National appreciation of Miss McCrae's contribution to nursing education was expressed in 1934 by the bestowal of the Saunders Medal for Distinguished Service in the Cause of Nursing.

Name: Annabella Mc Crae.

No.

DATE	MEDICAL		SURGICAL		MIXED WARDS	OUTSIDE WORK	HOSPITAL DEPT.	PERSONAL		INSTRUCTION	
	MALE	FEMALE	MALE	FEMALE							
Feb. 1902	Asst.	Sept.	Tr.	Sch.							G. H.=Corey Hill
July-1910								U.	X		O.=Obstetric
Feb. 21								U.	/		S.=Simmons
June 5								U.	X		D. N.=District
Nov. 30								Sl.	1:..		W =Waverly
July. 29								U	///		Am.=Amph.
Aug. 26	"										Et.=Ether
MAR 3 rd 1913								L.			St.=Stiral
June 25 1913								V	///		K.= Diet Kitch.
July 23								L	'		O. P. D =Out Pat.
June 5 1916											II.=Illness
Sept. 16 "	Pract. Instructor.										V.=Vacation
mar. 29 "								L			L.=Leave Absence
April 2 17											Ba.=Bandage
Sept 2 17								U	///		M =Massage
" 19 17	Pract. Instructor										X =Month
July 29, 19								Vac	34		/ =Week
Sept. 1 ..	Pract. Instructor.										● =Day

DATE

Punctual	Person	NEAT	Patient	Patient	RECORDS	Systematic	Efficient	Agreeable to Patients	Conscien. in Detail	Improves
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REMARKS

Name Annabella. Mc Grae (Graduate)

Library Bureau G71815A

DATE	MEDICAL		SURGICAL		MIXED WARDS	OUTSIDE WORK	HOSPITAL DEPT.	PERSONAL	SPECIAL WARDS	SPECIALLING	OUT PATIENT
	MALE	FEMALE	MALE	FEMALE							
Aug 1/20								Vac 31			
Sept 1 "	Practical Instructor										
May 26 "								Ill 5	(Gastro Testeslinal)		
" 31 "	Practical Instructor							Vac 31			
Aug 1 21								Vac 31			
Sept 1 "	Practical Instructor							Vac 31			
Aug 1-22								Vac 31			
Sept 1 "	Practical Instructor							Vac 31			
Aug 11 "								Vac 31			
Sept 11 23	Practical Instructor							Ill 7	(1. Renal St me)		
Jan 22-24								La 7	"		
" 29 "	Practical Instructor							Vac 31			
Feb 5 "								Vac 31			
Aug 1 24								Vac 31			
Sept 1 "	Practical Instructor							Ill 9			
Sept 27 "											
Red Ink-Night Duty	Wards 7-31	Wards 16-30	Wards 28-29-A	Wards 23-27 E	D-Male Med. & Surgical C-Female Med. & Surgical F-Male & Fem. Med. & Surg.	MeL-Mental O-Obstetrics S-Simmons Col. DN-District CH-Conv. Hosp. EE-Eye & Ear	Op-Operating Et-Etherizing St-Sterilizing K-Diet Kitchen L-Laundry R-Research	Ill-Illness V-Vacation LA-Leave of Absence	G-Skin H-Childrens I-Orthopedic P-Private Emer-Emergency Ward	—1 day /—7 days X—30 days	O.P.D.-Out Pt.Dept. S.S.-Social Service C.S.S.-Childrens Social Service

REMARKS

Thayer,

Name Annab. McCrae, (Graduate)

DATE	MEDICAL		SURGICAL		MIXED WARDS	OUTSIDE WORK	HOSPITAL DEPT.	PERSONAL	SPECIAL WARDS	SPECIALLING	OUT PATIENT
	MALE	FEMALE	MALE	FEMALE							
Oct 6-24	Practical		Instructor					ude			
Mar 12-25								911 33	Slutty ? Hydronephrosis.		
April 14 4								La 31			
May 15 "	Practical		Instructor					Vac 28			
Aug 12 "								ude			
Sept 9 "	Practical		Instructor					911 7	(Jaundice)		
May 4 27	Practical		Instructor					ude			
" 11 "								911 8	(Jaundice)		
" 17 "								La 19			
" 25 "	Practical		Instructor					Vac 28			
June 13 "								Vac 34			
Aug "								Vac			
July 26 28	Practical		Instructor								
Aug 29 "											
July 3 29											
Red Ink- Night Duty	Wards 7 - 31	Wards 16 - 30	Wards 28 - 29 - A	Wards 23 - 27 E	Med. & Surg. C-Female D-Male F-Male & Fem,	McL-McLean O-Obstetrics D N-District CH-Conv. Hosp. EE-Eye & Ear	Op-Operating Et-Etherizing St-Sterilizing K-Diet Kitchen L-Laundry R-Research X-X Ray	II-Illness V-Vacation LA-Leave of Absence S-Suspended	G-Skin H-Childrens I-Orthopedic P-Private E.W.-Emergency Ward	O.P.D. Out Pt. Dept. S.S.-Social Service C.S.S.-Childrens Social Service	

REMARKS

March 22,

34

Dr. Nathaniel W. Faxon
Strong Memorial Hospital
Rochester, New York

My dear Doctor Faxon:

How thankful and grateful I am that it is you who is going to officiate upon the occasion at Washington about which I do not even dare to think without a sensation of a lead sinker where my heart should be. Your testimonial addressed to Dr. Washburn was so sane, and not overdone, that I have the greatest confidence in your good judgment. Knowing that brevity will be the keynote of your remarks, as they must necessarily be; knowing you as I do, I hope that you will overlook much that I have written.

What I wished to get over was: "Quote": My Education and Religion", Dr. George A. Gordon, Chapt. 1 - P.1 - "The history of a man's mind is largely to be found in the family to which he belonged, the teachers he has had, the friends he has made, the aspects of nature he has loved, the books he has read, the work he has tried to do, and the free play of spontaneity".

The above speaks for itself, although my aims were not to write my autobiography, but a helpful sketch. Much of my achievements have been only made possible through great effort and hard work, else I should never have even reached the modest attainment of the present.

Parentage and Influences of Early Life - Born of Scottish parentage, Canada, 1863.

Father: John McGrag - Physically stalwart and of unusual stature. Strong minded, sometimes domineering, but of a social nature, and very fond of children. Chose farming instead of a commercial career because of the independent life afforded.

Mother: Anne MacCullum - Was said to be a wonderful helpmate to her husband. Ambitious, hard working and thrifty, with a growing family of five. Mother died three days after my birth, what was then called "child-bed fever". Was baptized at her death-bed side

as she faintly whispered my given name.

Father: Killed seven years later.

Was reared and carefully nurtured by a married aunt, the elder of my mother, who was beyond middle age with a grown up family. Aunt Mary was a woman of staunch religious and moral principles, active in alleviating the misfortunes of others, through personal service, and sharing of her means. What she lacked in education was made up in fine qualities of mind and heart. She was known as rather indulgent with her family and rarely used disciplinary methods of correction. She believed in prescribed rules of conduct which were not always effective. My Aunt Mary was kin to Dr. Duncan MacCallum of Montreal, who later became Professor of Obstetrics in McGill College. The relationship was not evidenced beyond that of professional calls in time of illness.

John MacMartin, uncle - A Scotch Lowlander, a man of quiet dignity, retiring by nature, who outside of monetary affairs left most of the family and household responsibilities in the hands of his wife. Owing to failing health gave up the management of his grist mill and carried on a private loan and interest business with the farmers in surrounding districts. As a child I remember an incident which impressed me at that time. As I looked in: seeing a poor old French Canadian farmer standing in rough homespun suit, cap in hand, head bowed, tears in his eyes as he stated his inability to pay interest due on a loan. I understood the French jargon of that day and heard Uncle John say "You have nothing to fear my good man, your grain crops may be much better next Fall, I can wait."

School Days - Aunt Mary was rather a stickler on the proprieties, being very much of a Victorian - stuffed horsehair furniture, and all that combined with it. She evidently dreaded sending me to the public school because of its democratic environments, thus I was tutored by a cousin who helped to give a school room atmosphere to her duties by ringing a bell to summons me to my so-called "tasks", as elementary learning was then termed. Tutelage lasted until the content of the primer was mastered, including the other simple concomitants: - writing, spelling, simple figuring. I must have been about five years of age, and continued steadily until reaching my early teens. School days were quite happy after the restraint of home and seldom anyone to play with - owing to the aversion of noisy children in the household. The teachers were painstaking and patient. I was in no way a remarkable student, preferred play to study, kept close to the median. Was credited for good penmanship,

an the faintly whispered my given name.

Robert: Killed seven years later.
 was named and carefully numbered by a married man.
 the elder of my father, who was happy middle age with
 a grown up family. And Mary was a woman of strength
 religious and moral principles, active in alleviating the
 misfortune of others, through personal service, and
 showing of her means. That she lived in education was
 made up in that position of mind and heart. She was
 known as a sister in spirit with her family and rarely
 used dissatisfied methods of expression. She believed
 in practical value of conduct which was not always
 effective. My aunt Mary was kind to Dr. James Macdonald
 of Montreal, who later became Professor of Literature
 in McGill College. The relationship was not continued
 beyond that of professional calls in time of illness.

John Macdonald, M.D. - A Scotch Canadian, a man of quiet
 dignity, cultured by nature, who excelled in literary
 studies. He was of the family and personal acquaintance
 in the family of his wife. Being in failing health years
 ago the management of his estate and carried on a
 private law and interest business with the family in
 surrounding districts. As a child I remember an incident
 which impressed me as that day. As I looked in evening
 a poor old Scotch woman came standing in rough dress
 and with, say in words, "I am poor, I am old, I am
 alone and I am hungry. I am hungry and I am alone."
 He asked the lady to go to the kitchen and get some
 food. She then said to him, "I am poor, I am old, I am
 alone and I am hungry. I am hungry and I am alone."
 John said, "You have nothing to eat, my good wife, you
 have nothing to eat, my good wife, you have nothing to eat."

Robert: Mary was named a sister in spirit as the
 expression, being very much of a Victorian - entitled
 to the name, and all that combined with it.
 The widely known mother as for the public school
 because of the domestic arrangements, then I was
 entered in a convent the lady to give a school room.
 atmosphere to her duties by raising a bell to answer
 as to my so-called "mother", an elderly lady who was
 then named. Robert's father with the consent of the
 father was named, including the other eight children.
 William, George, John, Robert, I remember them all.
 about five years of age, and continued through their life
 working as early as possible. Robert was very busy
 after the transfer of home and school years to give
 with - owing to the transfer of school children in the
 household. The transfer was postponed and postponed. I
 was in my a somewhat distant, postponed day to study,
 kept close to the mother. She worked for her community.

spelling, Canadian and British history - a perfect dunce in mathematics, and still am. Somehow my English compositions always afforded amusement to the teachers, sometimes they were read aloud to the class. I never learned the reason.

I had a horror of being conspicuous before others and upon the occasion of Commencement Day in school, my hair being always straight as the proverbial nail, my beloved cousin and tutor undertook to do my hair up in rags. An elegant blue ribbon completed the coiffure. As I dashed out of the house I got a glimpse of myself in the mirror, ran back to my room, wet the hair brush and plastered my hair down into its usual bedraggled appearance. The reaction of the family is too dim to remember, but can be imagined.

I had all the earmarks of a pampered child in relation to what I should wear, and objected very much to wearing the "cut-downs" of my elders, no matter how elegant the finished product appeared.

I wore tartans of the different clans for ten years or more, finally rebelled when invited out to be photographed one day. Aunt Mary in a persuasive, but firm tone of voice called for no further argument on my part, and within the confines of this desk is the picture of a disgruntled little girl in a tartan frock and copper toed boots.

In relation to progress in school - the program of studies which might correspond with the first year in high school of the present day had been reached, and I was ready for the next step, which to my great disappointment did not arrive, as I had hoped to complete my schooling at an academy of excellent reputation about forty miles from home, but great changes had taken place through the death of my uncle, attended by financial reverses, which changed the aspect of my future as I had decided in my own mind to be a school teacher. This step on my part was quite contrary to the wishes of my aunt, who in her advancing years was depending on me for companionship as the members of her immediate family stepped out into the world. Pleading availed nothing as she claimed it was unnecessary for me to earn a living as she still had sufficient means. We finally moved to the city and I again asked to take up school, but there was some sort of a money depression existing, and owing to a depleted wardrobe, and no means in sight to replenish, I tried to get

...the
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1. The purpose of the document is to provide information to the public regarding the activities of the [redacted] and the [redacted] in the [redacted] area. The document is intended to be a public document and is not to be classified as a secret document.

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3/22/34

work as a salesgirl but was considered too young, and inexperienced, which was true enough.

Aunt Mary became very ill. Dr. MacGillum, whom I mentioned as her kin, prescribed among several things, a flaxseed poultice for treatment of the bronchial pneumonia. I had never had any experience in the care of the sick and he kindly volunteered to instruct me. He asked for an old pillow case upon which the poultice was spread and applied full length over the affected area. When the operation was completed the doctor said, with a twinkle in his eye, "You may be a nurse some day". How prophetic a statement.

This illness was more than her broken body could bear, and the nearest and dearest tie of my young life was severed and my beloved aunt was no more.

Relatives came to the rescue and I was invited to become a member of one of these households, where I learned much in connection with housekeeping. Always fond of music and the convenience of a visiting music teacher to several young members of the household seemed too great an opportunity to miss - even at the age of twenty. After several months instruction found that with these other musical aspirants practicing, between the household duties, and difficulty of getting in sufficient practice, had to give up. (I have always regretted this spineless effort).

My oldest brother married about this time and I was invited to make my home with him, which I was glad to do in order to get acquainted with him, as it was only through the invitation of my aunt that my brothers and sister met me.

My life was very happily spent there, as I had more time for social enjoyment, both indoors and outdoors - something which I had craved for in my earlier youth, but in which I was not permitted to take part, because it was not genteel or refined for girls to take part in boys' sports at that time.

In the early nineties a cousin wrote me saying that she had entered training at the McLean Hospital. Her step proved my inspiration, and I immediately wrote "Do you suppose that I am qualified for the work? Please advise me." The reply "Do not choose to advise you, but have never been more happy in my lifetime". In speaking to brother Donald about this new experience, he was doubtful of my fitness to be a nurse, and with brotherly frankness enumerated the shortcomings: too impulsive, rather high-

work as a scientist but was considered too young, and
inconspicuous, which was quite enough.

Just how much very little, Mr. Hamilton, when I
mentioned to her that, mentioned many several things,
a pleasant position for treatment of the symptoms
presented. I had never had any experience in the
care of the sick and he kindly volunteered to instruct
me. He asked for an old pillow case upon which the
position was spread and applied this easily over the
affected area. Then the operation was repeated the
doctor said, with a smile in his eye, "You may be a
nurse some day." The operation a student.

This illness was more than any other body could bear,
and the patient was almost the of my young life was
covered and up before me was no more.

Relatives came to the house and I was invited to become
a member of one of these societies, where I found much
in common with the hospital. Always found of work
and the convenience of a visiting nurse for several
years, which of the hospital seemed too great an
opportunity to me - even at the age of twenty. After
several months' instruction from the hospital I was
ready to begin practicing, between the hospital and
my difficulty of getting in sufficient practice, and so
two up. (I have always regretted this experience with
two up.)

My closest brother married about this time and I was
invited to make my home with him, which I was glad to do
in order to get acquainted with him, as he was only
through the invitation of my aunt that my brother and
sister were so.

My life was very happily spent there, as I had many like
the social enjoyment, both indoors and outdoors - everything
which I had missed for in my earlier years, but in which
I was not permitted to take part, because it was not
considered or rather for this to be in my aunt's
as that time.

In the early winter a cousin wrote to say that the
had entered training at the Boston Hospital. Her step
brother, my brother, and I immediately wrote to her
expressing that I was qualified for the work. I was
not. The reply was that she was not qualified, but that
never before being so up to the mark. In speaking to
brother about this new experience, he was doubtful
of my fitness to be a nurse, and with brotherly frankness
mentioned the shortcomings: too impulsive, rather high-

handed in my dealing with the deficiencies of others, too noisy (this was a hangover when in one instance as he was taking his siesta in his armchair nearby when I permitted a handful of silverware to crash on the dining room table, preparatory to sorting, and putting away). While being startled into wakefulness, he reminded me at the time that I should never make a nurse. As sisters give little attention to what brothers advise, the decision was made, application was filed, the required credentials secured, and the Spring of 1890 entered the McLean Hospital.

Professional Education - Graduate McLean Hospital 1893.

In the interim while awaiting a call to the Massachusetts General Hospital entered a private school as a special student under the tutelage of a Professor Turner, making up special educational needs, the major subject being that of advanced mathematics.

Graduated from the Massachusetts General Hospital, 1895, asked to have my time extended as a student in the school six months, considering one year insufficient as a preparation for the field of general nursing. Was granted the request by the Training School Committee.

Postgraduate work in connection with teaching -

Teachers College Columbia University, New York, Summer 1916
State Department of Ed. - Course in Psychology of Teaching
Summer 1925

Boston University Department of Education, Summer 1926

Red Cross First Aid - Standard Course - Winter 1929

6 Lecture Course, Auspices L. N. E. - Mass. Winter 1930

6 Lecture Course, Department of Ed. State House - Summer 1930

8 Lecture Course, Department of Ed. State House, Visual Ed.
Winter 1933.

Positions Held -

In charge Appleton House, 1893 - 6 months

Assistant Superintendent, including bedside teaching and operating room - 1895-1902 - 6 years.

Quincy Hospital
Massachusetts General Hospital, Assistant Superintendent of Nurses
Training School and part-time instructor in theory and practice - 1902-1912.

Full time instructor in principles and practice of nursing - 1912 -

Organized course in nursing practice and taught at
Camp Devens, Ayer, Mass. Summer 1916.

3/22/34

Offices Filled -

Chairman Census Committee, Massachusetts State Nurses' Association, 1904-1913
Councillor Massachusetts State Nurses' Association - 2 yrs. 1 date
Secretary and Treasurer, Massachusetts League of Nursing Education, 1913-1915
President Sick Relief Association, Massachusetts General Alumni Association, 1914-1923.

(Have been a shirker in filling of offices).

Written Contributions -

Textbook on Nursing Practice - 1926 - Revised 1927, and again in process of revision at present.
Written contributions at various times on subjects pertaining to the different phases of teaching nursing.

Professional Affiliations -

Massachusetts General Hospital Nurses' Alumni Association
Massachusetts State Nurses' Association
Massachusetts League of Nursing Education
Anne Strong Club for Nurse Instructors
Through the Massachusetts State Nurses' Association automatically a member of the American Nurses' Association.

National League of Nursing Association.

I regret that this material is rather barren of specific incidents which help to make good copy. Without any false modesty I can say that I hardly know what all this fanfare is about anyway, and who started it, because there is very little credit in trying to do what is expected of you when one has received the whole hearted support of administration and school throughout. Now that this screed is written, I feel as if a self-imposed necropsy had been performed - to very little purpose. Anything more that can be done to help you, please say so.

Sincerely yours

McG:L.

Annabella McCrae, R.N.

1990-1991

52. PROBATION DE LA VÉRITÉ DE LA THÉSE

street view: 11

U. A. 9

627034



We all are interested in the successful operation of the Massachusetts General Hospital. Successful operation requires a satisfactory financial condition. This means that income must equal expense.

Our income is made up of payments from patients, interest on endowment, investments, direct gifts to the hospital for current expense, and the grant from the Community Fund.

Because of the large amount of free service given in the wards of the General Hospital and in the Out-Patient Department, there is usually an annual deficit which has to be paid from unrestricted gifts. For 1947 this deficit was \$243,943.

Salaries and wages	\$3,084,163
Supplies	1,927,926
Hospital income	\$5,612,093
Operating deficit	\$1,083,664
Research grants	} 333,860
Special funds	
Treasurer's expense	
Extraordinary expense	
Extramural expense	
From Treasurer	\$1,417,524
	1,173,581
Net deficit	\$ 243,943

Insofar as possible, all expenses chargeable to Research have been placed in a separate account and paid from funds donated to the hospital for this specific purpose. The hospital receives an overhead reimbursement.

Research account for 1947	
Salaries and wages	\$130,655
Supplies	115,726
	\$246,381

For 1948 it has been necessary to adjust salaries and wages to meet the increased cost of living which is affecting everybody. These increases are extremely modest but still total over \$400,000 and represent all that the hospital can afford. Increased cost of supplies must, likewise, be anticipated. We must control this through economy of use.

To meet this increased operating cost, more income will be needed. Part of this can be met by increasing rates in the hospital units. Consequently, Phillips House room rates were increased \$4 per room on January 1, 1948, Baker Memorial room rates \$2 per room on January 12, 1948, and General Hospital

ward rates \$2 per day on January 12, 1948. The Out-Patient admission rate was increased 50¢ on January 1, 1948.

The budget for 1948 is as follows:

Salaries and wages	\$3,475,000
Supplies and equipment	1,962,000
Total	\$5,437,000

Just what deficit will result cannot be foretold. We hope to keep it lower than in 1947.

It is clear that the hospital must somehow achieve a balanced budget. The annual recurrence of an operating deficit must be overcome. All must practise every possible economy of operation. We can and must economize on heat, turn out lights when not needed, stop wasting water, save on supplies of all kinds, and eliminate food waste. Patients must receive all necessary medicines, dressings and proper care; but here, too, economies can be practised by the staff and nurses. If every one of the 2,000 employees makes a determined effort to economize, many thousands of dollars can be saved.

Our salary and wage scale is modest but not unreasonably low. It truly represents the maximum that the hospital can afford this year.

The Trustees and the Director wish to express their appreciation for the conscientious services of all during the past year and their expectation that the same spirit of service will animate everyone during the coming year.

N. W. Faxon, M. D.,
Director

During the war, as everyone in any way connected with M.G.H. knows, a group of more than 100 gentlemen volunteered their services to the hospital; and each evening, after donning khaki work clothes, they started off, equipped with brooms, mops, scrubbing brushes, pails, *et al*, on their various jobs about the buildings. It has never been possible to express what their help meant to the hospital at that time.

When the war ended and those who could take over the cleaning jobs in the hospital returned home, about 40 of these volunteer men found that with the laying aside of their scrubbing uniforms they could not lay aside their interest in M.G.H. They decided, then and there, to start a fund among themselves for some future use; and on a February afternoon, at a very nice coffee party given by the Ladies' Visiting Committee in honor of these men, members of the hospital family were told about their latest contribution to the hospital—toys of all kinds for the playroom in the

newly-opened Burnham Memorial Hospital for Children. Mrs. David B. Arnold, Chairman of the Ladies' Visiting Committee, and Mr. Francis C. Gray, Chairman of our Board of Trustees, thanked the representatives of the men volunteers who were present on behalf of the hospital; and Dr. Allan M. Butler, Chief of the Children's Medical Service, gave us an outline of the activities of the various departments in the Burnham Hospital and invited us to go over for a personally conducted tour of inspection.

After viewing the wards, the incubators, the laboratories, and so on — all newly furnished with the best equipment possible — we ended up in the playroom, where the toys given by the men volunteers were on display. There is just about everything in that room a small child's heart could desire for indoor play — toys large and small, and all so colorful and attractive. One of the guests expressed a feeling that was common to all of us, we feel sure. She said, "Oh, if we could only have a colored picture of this room!"

Again — Massachusetts General Hospital expresses its gratitude to these volunteer gentlemen for their fine contribution to the hospital and for their continued interest in its welfare.



The Board of Trustees, at their meetings on January 9 and 23, voted:

- To accept the resignation of Dr. Harrison E. Kennard from the position of Assistant in Surgery;
- To accept with regret the resignation of Dr. Benedict F. Massell from the position of Assistant in Medicine;
- To grant a Dalton Scholarship of \$500 to Dr. Henry J. Koch, Jr.;
- To make the following promotions in the Surgical Resident Staff:
Drs. Sheridan S. Evans, John R. Newstedt, Thomas Rutter, and William D. Shorey from 3rd to 2nd Assistant Resident, as of January 1; Drs. William V. McDermott and Dexter N. Richards from 2nd to 1st Assistant Resident, as of January 1; Drs. Francis T. Gephart and John L. Wilson from 1st Assistant to Resident, as of January 1; and Drs. Peter T. Brooks, John B. Millet, and Leonard D. Rosenman from 2nd to 1st Assistant Resident, as of March 1.

To appoint:

- Dr. Theodore P. Barss as Assistant Resident in Anesthesia, to begin September 1;
- Dr. Ronald C. Bishop as Assistant Resident in Medicine, beginning October 1;
- Dr. Howard S. English as Assistant Resident in Neuropathology for the period January 1 to July 1;
- Dr. Hugh A. MacMillan as Assistant Resident in Pathology for the year beginning July 1;

Dr. LeMoyné White as Assistant in Psychiatry.

To appoint the following to the Children's Medical Service:

Dr. John D. Crawford as Chief Resident, beginning July 1;

Drs. Frederic M. Blodgett, Charles D. Cook, and Arnold P. Nicosia as Assistant Residents, beginning July 1;

Drs. Harrie R. Chamberlin, Carol Dickson, and Fred H. Howard as Interns, beginning July 1.

At their meetings on January 14, 21, and 28, the General Executive Committee voted:

To promote the following from Intern to Assistant Resident in Medicine:

Drs. Warren Bennett, as of October 1; Hugh Chaplin, Jr., as of October 1; Lincoln D. Clark, as of July 1; Anthony T. Licciardello, as of July 1; John W. Littlefield, as of October 1; Myron G. Sandifer, Jr., as of July 1; and Morton N. Swartz, as of October 1.

To appoint:

Dr. Gustav W. Erickson as Clinical Fellow to the Children's Medical Service;

Dr. John G. Flynn as Clinical Assistant to the Children's Medical Service;

Dr. Guy B. Maynard, Jr. as Clinical Assistant in Surgery, assigned to Gynecology;

Dr. Maurice M. Osborne, Jr. as Clinical and Research Fellow to the Children's Medical Service for one year, effective as of July 1;

Dr. Walter Pick as Clinical Assistant to the Children's Medical Service, effective as of January 12;

Dr. Thomas S. Risley as Clinical Assistant in Surgery, with the privilege of caring for Dr. McKittrick's patients in the Baker Memorial and Phillips House;

Dr. Abdul M. Saleh as Clinical Fellow in Surgery;

Dr. Charles B. Walker as Research Fellow in Anesthesia;

Dr. Lloyd C. Wilson as Clinical Fellow in Dermatology.

The General Executive Committee also voted:

That Dr. William McK. Jefferies's title be changed from Assistant in Medicine to that of Clinical and Research Fellow in Medicine, at his own request.

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ARTHUR MOSES GREENWOOD

Dr. Arthur Moses Greenwood died in Laconia, New Hampshire, on December 14, 1947. He is survived by his wife and two stepsons.

He was born in Ashburnham, Massachusetts, on March 30, 1876, and had his early education at Cushing Academy in that town. Following graduation from this school he attended Brown University, receiving his A.B. in 1898. His medical education was received at the Harvard Medical School, from which he was graduated in 1902. A surgical internship at the Massachusetts General Hospital, 1902-1904, was followed by an appointment as Assistant Director from 1904 to 1906. From 1906 to 1914 he did general practice in Marblehead. During the first World War he served in the Medical Corps of the Army, at one time in command of an Army hospital in France. He was discharged in 1919 with the rank of Lieutenant Colonel.

Dr. Greenwood's dermatological training began at the Vanderbilt Clinic in New York in 1920 and was continued at the Massachusetts General Hospital, where he was appointed to the dermatological

staff in 1921. Here he served until 1937, when he retired and was placed on the Board of Consultation, where he remained until his death. He was appointed to the teaching staff in the Dermatological Department at the Harvard Medical School in 1925 and served until 1936. He was also Consultant in Dermatology at the New England Deaconess Hospital, the New England Baptist Hospital, Huntington Memorial Hospital, Pondville State Hospital, and other hospitals for many years.

He had been a member of the Massachusetts Medical Society and the American Medical Association since he began the practice of medicine. He was elected to the American Dermatological Association in 1928 and he was certified by the American Board of Dermatology and Syphilology in 1933. He was a member of the American Academy of Dermatology and Syphilology, and the Society for Investigative Dermatology. He had been a member of this Society since 1922 and was its president from 1929 to 1931.

Dr. Greenwood's death is a great loss to the dermatological profession. He had contributed much time and effort to the Dermatological Service at the Massachusetts General Hospital. He was an excellent teacher and a wise and discerning consultant in his special field over many years. He accumulated a wide knowledge of skin disease in its many manifestations. His particular interests were in the fields of skin malignancy and mycology, and his knowledge of the skin manifestations appearing in diabetics was probably unequalled in the country. He was one of the first dermatologists in this part of the country to do special work in medical mycology, particularly the cultural characteristics of various dermatophytes obtained from cutaneous lesions.

A careful observer from his training under Dr. James C. White and Dr. Frederick S. Burns, he was quick to perceive the salient features of dermatological lesions and to correlate these features with the general picture of the patient's condition. While quiet and unassuming, his carefully considered opinions, based on his keen analysis of the individual case, carried much weight with the patient and with the referring physician.

He made many real friends among his patients and counseled them wisely from his broad background of general medical and special training. Gifted with abundant common sense and with a real ability to detect the practical aspects in a given case, he was a consultant in every interpretation of the word. His opinions were never obtrusive and his differences of opinion were often uttered in the form of questions which went straight to the heart of the particular case which was under discussion.

He loved the farm which was his home, and he held a great interest in the marvelous collection of antiques and rare books with which it was filled.

His loss is irreparable to his patients, to his medical confreres, and to all those

with whom he worked and was associated for so many years.

C. G. L.

MISS ANNABELLA McCRAE

For thirty-nine years Miss Annabella McCrae was a part of the Massachusetts General Hospital. While her place was Instructor of Nursing Practice in the School of Nursing, her domain included the whole hospital, which she loved. Her influence reached beyond its gates to nurses and doctors, near and far.

Her associates knew more of her search for truth, her kindnesses, her personal interests than did her students, for Miss McCrae remains an austere and formidable mentor to many. Her personal wishes appeared subordinated always to her great dream — that nursing should focus on the patient and that it must be good as long as an MGH student or graduate gave nursing care. That there are many of her 1953 students who still hear her words and see the accusing finger down the years may be interpreted variously. For some she had to be a conscience; for others, a teacher. The indelibility of the impression is one of the traces of her immortality.

She knew what it meant to be disheartened. She knew that beyond her presence, the willful, the careless, the ignorant had not been transmuted enough to go on alone. She insisted on a pattern of nursing that was soundly built and superior enough to withstand much of the diminishing calibre that resulted from the impact of the inexperienced worker confronted with an artist's task. That one day our work might have its artistic elements, she believed. She had courage. In one sense, she walked alone.

Yet she sought the guidance of doctors and other instructors, and contributed to their knowledge and understandings. She did not gather her students as a shepherd; she tried to provide them with the means to be free.

George Herbert Palmer says, "A true teacher is always meditating his work, disciplining himself for his profession, probing the problems of his glorious art, and seeing illustration of them everywhere." There are many graduates of this School of Nursing who knew such a teacher. Their obligation is clear. May they, too, have courage.

S. P.

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The announcement of the meeting of the Massachusetts General Hospital Research Council on February 17 gave the following program:

Dr. Henry K. Beecher's group—"Study of sedatives in the Anesthesia Laboratory".

"An appraisal of amidone and its isomers as analgesics", Dr. Jane E. Denton.

"The influence of pentobarbital on psychomotor performance and on the temperature", Dr. Marcel Verzeano.

"Problems of the measurement of sleep", Dr. Oliver H. Straus.

DERMATOLOGY DEPARTMENT

A course in histopathology of the skin, consisting of 14 lectures, will be given at the Massachusetts General Hospital on Wednesday evenings from 7 to 9 o'clock, beginning March 3 and continuing through June 2.

For several years our department has been running a postgraduate course in skin diseases, and many phases of this course have evoked unusual interest from dermatologists in New England. There have been many requests to attend our weekly postgraduate sessions, but it has been felt that since the lectures were designed for graduate students and the resident training program, we should limit the attendance. This course in histopathology is in response to the demand for that particular instruction.

Numerous histologic slides will be shown by projection. Manuals of instruction and sets of slides will be available for additional study.

The number of students will be limited to 12, in order to insure personal instruction.

Detailed information may be obtained from the Department of Dermatology, Massachusetts General Hospital.

The January Staff Meeting was concerned mainly with reports by various members regarding lectures and courses given at the Academy of Dermatology and Syphilology in Chicago last December.

Two new phases of instruction have been instituted in our department since the first of the year, each consisting of an interdepartmental cooperative effort. Dr. Herbert Barry, Jr. has been assigned from the Psychiatric Service to work in the Dermatology Department. Dr. Barry will not only assist in the psychiatric approach to dermatologic problems, but will give active instruction to our resident staff. This work has already been started and promises to be a distinct step forward.

The Allergy Service has made arrangements to permit some of our house staff to spend time in their clinic, studying allergic problems concerned with skin diseases; and we will have members of the Allergy Service in our clinic from time to time as observers and to help select cases requiring allergic study.



New plans for the School of Nursing

At the graduating exercises of the Class of February 1948, Miss Ruth Sleeper, Director of the School of Nursing, announced in her report to the class plans for the educational program which will go into effect in the fall of this year. An excerpt from Miss Sleeper's report, describing the new program, follows.

Tonight, I should like to tell you of the plans we have made for your successors in the School. Much has been written and said of late about reducing the length of the three-

year basic program in nursing. Much has been said about the overtrained nurse. Little or no experimentation has been done to determine how the nursing curriculum has been affected by the changing medical practices, the new trends in public health programs, the differences in general education, the increasing immaturity of the student nurse. No one has determined what the results would be if nurses were graduated with a knowledge of nursing, but unskilled in the practice of nursing. It has long been an established fact that the student in the School of Nursing repeated many activities long after the point of learning had been reached. Some of this repetition was effective, in that skill was developed; some had no value in the preparation of the nurse. It is also an established fact that nursing, just as truly as other fields of medical science today, requires a carefully planned and progressive educational program. A review of our curriculum indicated areas which needed strengthening. Consideration of the ward practice content indicated the feasibility of dividing the 3 years into 2 periods. The first period of 28 months is to be a period of education, during which the instruction of the student is the primary objective. Practice during this period is planned to the point of safe learning, but not of skill. The second period of 8 months is to be a period of practical internship, during which the student should develop the skill requisite to a graduate nurse. Because the student will give full time to nursing care, she will receive a stipend during the period of internship.

When this program becomes fully effective it will be a more costly one for the Hospital. It will require more instructors, the preclinical period will be extended to 6 months, and the students in the educational period as a whole will make less contribution to nursing service, due to shortened hours of ward experience. It will be more costly, too, for the student, for tuition will be increased. It is the belief, however, of those who have participated in the planning that students will find more satisfaction in such a program which allows time to study and time to learn to give good nursing care. Applicants will be enrolled in the new program in September 1948.

In January, the Ladies' Visiting Committee of the Hospital gave a tea for all staff and head nurses in the General Hospital. Mrs. Chester M. Jones headed the committee for the tea, which was held in Walcott House.

A number of important changes in personnel have taken place this month in the Nursing Department:

Miss Marjorie Irene Weed came to us early in February as a surgical supervisor. A graduate of the University of Minnesota School of Nursing in 1942, Miss Weed has had experience as instructor of practical nursing at that school. During 1946 and 1947, she was Public Health Nursing Consultant at the Institute of Inter-American Affairs, Rio de Janeiro, Brazil.

The new instructor of anatomy and physiology, replacing Miss Eleanor Keene, is Miss Helen Curran. Miss Curran, a graduate of MGH School of Nursing and Simmons College in 1938, has been studying for her master's degree at Boston University since leaving the military service.

Miss Julia Boghosian has left her position as supervisor of the General Hospital Operating Room in order to enroll at Boston College. Miss Rae Simmons, MGH 1940, who has served in the operating room as assistant supervisor, has

taken over Miss Boghosian's work. In Miss Simmons's place a new assistant supervisor has been appointed. She is Miss Abigail Norris, who graduated from this school in 1934 and who has recently been supervisor of the operating room at the Lynn Hospital.

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Dr. James K. Stoddard (EM 1917) sailed from New York on January 20, aboard the *M. S. Batory*, bound for Poland, where he will serve as Chief of the Medical Service at the Kosciuszko Hospital in Piekary. The hospital was opened formally on Washington's Birthday, under the joint auspices of the Unitarian Service Committee and the national social insurance institution of Poland.

Dr. Stoddard served as a lieutenant in the U. S. Army Medical Corps in England and France during the first World War, and as major in Africa and Italy during World War II. He expects to remain in Poland for a year.

The Unitarian Service Committee has sent us an interesting memorandum on the Kosciuszko Hospital. Because of the services several of our staff have contributed toward the Unitarian Service Committee's program in Europe, we feel that this memorandum will be of general interest. It reads, in part:

Kosciuszko Hospital, an outpost of American medicine and a great pioneering project in international medical science, is named in honor of the Polish General Tadeusz Kosciuszko, who rendered such distinguished service to George Washington during the American Revolution that the American Congress, in 1783, conferred upon him the privileges of American citizenship and the rank of Brigadier General. . . .

Piekary is a small community in the heart of the great industrial district of Upper Silesia, where tuberculosis, occupational diseases, and industrial accidents are common. The first and only American hospital in Poland will serve the population of this region as an outstanding example of American generosity.

Kosciuszko Hospital will be staffed by Polish and American personnel. They will work side by side on the wards, in the out-patient department, in the laboratories and operating rooms, and will get to know and appreciate one another in the course of their joint humanitarian effort.

Serious cases have had to be transported from this area as far as 110 miles to the big hospitals of the city of Krakow. From now on, these patients will find most up-to-date care and treatment in the new American hospital within a few miles of their homes.

The Kosciuszko Hospital project, however, is of more than local significance. It is designed to become a permanent outpost of American Medicine in Poland. It will become a center where American methods and techniques will be practised, where American administrative procedure will be demonstrated, and will be the one place in Poland where Polish physicians and surgeons will come to learn American routine. One of the finest achievements of American civilization—American medical care—will have found its home in Poland. . . .

There will be four surgical services, of 60 beds each. Three of these will be for traumatic surgery, under Polish doctors. . . . The fourth surgical service will be headed by an American surgeon (yet to be appointed), and will engage in general surgery.

Dr. James K. Stoddard of Manhasset, Long Island (formerly of Cashiers, North Carolina), will be Chief of a 40-bed medical service.



MASSACHUSETTS EYE & EAR INFIRMARY

Governor Robert F. Bradford and Senator Leverett Saltonstall, both of whom were formerly on the Board of Managers of the Infirmary, have now become members of the Corporation. Other new members of the Corporation, elected at the Annual Meeting in February, are: Mrs. Isabel S. Farley, Rev. Robert G. Metters, Mr. William S. Ballard, Dr. Walter B. Lancaster, Dr. Harris P. Mosher, Dr. Frederick H. Verhoeff, and Dr. D. Harold Walker.

Because of the resignation of Mr. James C. Howe, who has been Secretary of the Board of Managers for the past thirty years, Mr. Edmund V. Keville was elected to fill that office. Mr. Howe will continue as a member of the Board, on which he has served since 1914.

A meeting of the New England Ophthalmological Society was held at the Infirmary on February 18. Many members of our Eye Staff were present at the meeting.

Dr. Morris Sherman will begin his residency in Oto-Laryngology at the Infirmary on the first of March. Dr. Sherman, who is a graduate of the University of Alabama, interned at the Touro Infirmary in New Orleans.

Recent visitors at the Infirmary included Dr. Cryoisiere, an Ophthalmologist from Saint Justin's Hospital in Montreal. He spent about one month visiting in our Eye Clinic.

Dr. P. Satamowsky, a visitor from Buenos Aires, observed the activities of the Infirmary—particularly the operating rooms.

Dr. Edwin B. Dunphy and Dr. Trygve Gundersen gave talks on February 12 and 13 before the National Society for Research in Ophthalmology, in Washington, D. C.

Dr. Paul A. Chandler read a paper recently before the Toronto Academy of Ophthalmology, in Toronto. He also delivered lectures on glaucoma—a refresher course given under the auspices of the University of Toronto.

Dr. Trygve Gundersen was the guest speaker late in January, when he addressed a meeting of the Southwestern Texas Medical Society, in San Antonio.

"Principles of corneal disease" was the topic chosen by Dr. David G. Cogan when he gave a series of talks in Mexico. Dr.

Cogan spoke to the Sociedad Mexicana de Oftalmologia, in Mexico City.

This short note has come from Dr. Fred W. Ogden (*Oto-Lar.* 1942).

I am now practising at the Cravens Building, Fayetteville, Arkansas. Have recently been appointed Associate Professor O.R.L. at the University of Arkansas Medical School in Little Rock, where I teach one day a week.

Thanks for THE NEWS.



Recent gifts to the Archives Department:—

From Dr. Leland S. McKittrick—a picture showing Dr. Arthur T. Cabot operating in 1905, with Drs. Walter G. Phippen (*SS* 1906), Charles A. Porter (Assistant Visiting Surgeon at that time), Chandler Robbins (*SS* 1905), William W. Walcott (*SS* 1906), and F. Clinton Kidner (*SS* 1905) looking on.

From Miss Robertson, Assistant to the Director of the Massachusetts Eye and Ear Infirmary—a scrapbook containing newspaper articles, pictures, etc. on World War I. (We wish more World War I material would be donated.)

CLASS OF 1889

This letter from Dr. Edward M. Greene, one of the three living graduates of 1889, becomes a most valuable addition to our permanent Archives collection. Dr. Greene prefaces his "Recollections of Edward M. Greene, M.D., East Medical Intern at the Massachusetts General Hospital" with these remarks concerning himself:

In 1887 I completed the requirements of the three-year medical course for the degree of M.D., but at my request the diploma was issued as of 1888 in order to comply with the early custom of the M.G.H. when students were accepted before completion of the medical course and were called "house pupils" or "house pups" for short. Later, interns were required to defer acquiring a degree of M.D. for a year, as they might consider themselves equal to their superiors and be unduly set up.

I succeeded Dr. Henry B. Jacobs, who had to leave three months before the end of his term on account of illness, so I was promoted from extern and had three months more than the usual service in 1888-89.

Now, at the age of 87, I am in excellent condition.

And then Dr. Greene gives us his "Recollections", which are interesting in their entirety and very amusing in spots. We all thank Dr. Greene for this first-hand account of goings-on at M.G.H. sixty or so years ago.

My most interesting experiences were during the course of transition from preantiseptic to the adoption of antiseptic and asepsis.

In early 1888 the Senior Surgeon, preparing for an operation, was presented with his old, discarded Prince Albert by the trembling hands of the old custodian, Jim Mains, who had sponged off blood and pus from the previous day's operation and had hung it in the closet. Dr. Porter turned up the ends of the sleeves, washed his hands casually, and began to operate.

At one time, no opening of the abdomen was permitted, on account of the great mortality from such attempts. Surgeons derived

half their income from medical cases, as surgical patients were too few for the support of specialists. My contemporary, Dr. Charles L. Scudder, on starting his practice, was the first surgeon in Boston to refuse to accept medical patients.

Through Pasteur came reports that germs in the air caused infections. The first attempt at the M.G.H. to guard against infection was to operate under a cloud of vapor, impregnated with carbolic acid. Before many months this had to be abandoned, as so much carbolic acid was absorbed as to turn the surgeon's urine dark and cause symptoms of poisoning. The sponges then used were kept in carbolic solution; and, later, gauze sponges were soaked in mercuric chloride solution, as were bandages around the site later to be operated upon. The solutions were strong enough to irritate the hands of the surgeons until some time later when rubber gloves came into use and bandages and swabs were sterilized by heat. This permitted a great and sudden expansion of the field of surgery and obstetrics.

My class of 1887 in Harvard Medical School was the first to be instructed in bacteriology, when only the tubercle bacillus and the gonococcus were known, and the bacillus of diphtheria soon after. In 1888 Dr. William Osler came to the Massachusetts General on a visit from McGill University and brought the early knowledge of the malarial plasmodium, which he discussed with Drs. Shattuck and Fitz. As Dr. Fitz's intern, Osler directed me how to prepare and stain a specimen of blood from a malarial patient in the hospital, which I did in the primitive laboratory under the steps of the Bulfinch Building. This slide was the first ever made in the M.G.H. and perhaps in the United States.

Dr. Fitz at this time was making a careful research into the cause of the disease known as "inflammation of the bowels"—very prevalent and often fatal among patients of the M.G.H. He traced it to perforation of the appendix, gave it the name "appendicitis", and insisted that these patients be turned over for operation to Dr. Maurice Richardson and other surgeons. At this time European and British surgeons denied the existence of such a disease.

It was my good fortune to have begun the study of medicine at Harvard and the M.G.H. at about the beginning of the era of radical and rapid discoveries which, during my 53 years of the practice of medicine in Boston, changed the doctor's work from an art to a science.

I remember many amusing incidents but I will relate only two of them. The first was in the beginning of practice of a brilliant young intern who later became a leading surgeon. He had learned the art of cutting and stitching to perfection. His first patient was an obese middle-aged woman who had seated herself on a pot with a crack in it. The pot broke and cut a wound the whole length of the perineum. We interns watched his fine operation, which healed in a few days. Soon after, her irate husband sent her back with the complaint that the operation had made his sexual rights impossible of fulfillment. The young surgeon then removed several stitches from the anterior end of the wound.

The second incident—A visiting senior in the East Medical service had an elderly female patient of aristocratic lineage, now impoverished, who had a swollen, painful ankle. Drs. Richardson and Whittier, in consultation to decide whether the disease was medical or surgical, asked her many questions. Then they went to the center of the large square ward where there was a stand on which were a bowl and pitcher of water, used by the staff after such examinations. They washed and wiped for rather a long time, then asked the patient if she could tell them any more. She coldly remarked that she would have been pleased if they had washed their hands as well before the examination as they did afterwards. They took this call-down meekly, while interns and nurses snickered, remembering how the higher-ups sometimes called them down.

Strangers do not realize the type of the older aristocrats of Boston who are often very witty in repartee. Standing on a corner of Beacon Street waiting for a bus one day, I saw an elderly lady who evidently had arthritis. As

the bus stopped she pulled herself slowly up the high steps. A smart aleck near the door remarked, "What she needs is more yeast to make her rise." The lady paused before him and said, "Young man, if you had more yeast you would be better bred."

A student or intern learns much by his insight into the occasional mistakes, as well as the excellencies, of distinguished men with whom he has been closely associated, and this is a part of a young man's education. For instance, a renowned professor of pathology, whose mind acted quickly and surely, asked a question of a student in class. The student was diffident and characteristically deliberate in forming his opinions. In this instance, the professor was impatient and caustically criticised the student before the class. The student burst out with this remark: "Professor, I did not come to the Harvard Medical School to take a course in repartee." He then sat down, and never again responded when asked to recite in that professor's class. Later, the student succeeded the professor in becoming the extraordinarily capable pathologist of the City Hospital and the Medical School, and father of the present very learned pathologist of the M.G.H. I feel sure that, later, the over-critical professor felt great regret at the continued coldness between himself and his former pupil.

Now, the old professor really had a very warm heart, which was not generally known. For when I left the M.G.H. to start practice, without owning a penny, he took a great interest in me and sent me to a wealthy patient of his, with the request that he loan me whatever amount I needed, with very little interest and no fixed date of payment. This was not the only kindness he showed me.

Another instance of a warm heart in a reputedly cold person is that of President Eliot of Harvard. My wife's brother, of the class of '81, son of a very poor clergyman, had the highest scholastic standing of anyone in that and the preceding ten years. He died of typhoid soon after graduation and I came into possession of his papers. There were several letters from President Eliot which had contained checks for one hundred dollars of his own money, in addition to scholarship funds, accompanied by words of appreciation for his high scholarship.

A corner of the hospital grounds next to the Eye and Ear Infirmary at times produced many mushrooms, of which Drs. Maurice Richardson and Arthur T. Cabot were very fond. So were the interns, who had the advantage of harvesting them before the later arrival of the surgeons, who were surprised over the irregularity of the growth of the fungi. We kept ours until late night hours, when mushroom stews were enjoyed in the company of favorite night nurses, who provided milk from the hospital supplies. The regulations regarding fraternization of interns and nurses became much more strict after the good old days.

I saw an item in THE NEWS a year or so ago, criticising some of the earlier records of patients as being careless and incomplete. No doubt some of those were my records of 1888. This is the explanation: I had an abscess in the palm of my right hand, caused by an infection received while assisting Dr. Fitz in an autopsy. This had to be incised and the hand heavily bandaged, which prevented the holding of a pen. As there were so few interns at that time, no one could be provided to take my place, and records during that period were left incomplete, but not through carelessness.

Additional important events, concerning Massachusetts General Hospital, that occurred in the month of January during the earlier part of the nineteenth century:

January 1823 — At the Annual Meeting, the Trustees reported that the interior of the west wing of the Hospital was finished and ready for occupation; and that the colonnade in front would be raised in the ensuing season. This, of course, refers to the Bulfinch Building.

Jan., 7, 1825 — Committees were appointed to procure portraits of Mr. Thomas Oliver, donor of \$22,438.70,

and Mr. Abraham Touro, who had contributed \$10,300 to the Hospital. These portraits now hang in the hospital.

The portrait of John McLean was brought in at this meeting. Bowditch, in his *History of Massachusetts General*, says, "It is one of the happiest works of Stuart. The record says of this painting, 'The resemblance is striking, and the expression characteristic.'"

Jan. 9, 1827 — Erysipelatous inflammation having appeared at the Hospital, the expediency of removing all the patients was discussed. Four Trustees were appointed a Committee on the subject. On January 14, the Committee reported that they had decided, after conference with the Physician and Surgeon, to make a temporary removal of all patients from the Hospital, as far as was practicable, with a view to a "thorough purification by fumigation or otherwise"; and that the Reverend Dr. James Freeman had very liberally and readily offered his dwelling-house on Vine Street, near the Hospital, for the accommodation of the patients. On January 21, twelve patients were reported as removed to Dr. Freeman's house, and twenty-one discharged. On January 28, the Hospital was reported to be entirely clear of patients, and "cleansing, fumigation, and alteration of fireplaces, etc. in progress". On February 4, the patients from Dr. Freeman's house were received back into the Hospital, and on March 25, Dr. Edward H. Robbins, a Trustee, was appointed a Committee to return to Dr. Freeman the key to his house, with thanks.

Dr. Washburn, in his *History of Massachusetts General*, devotes an entire chapter to "Drains, ventilation, and the erysipelatous inflammation and hospital gangrene". If you have not already done so, we feel sure you would be most interested in Dr. Washburn's account of the "practical difficulties of drainage into a tidewater estuary, the inconvenient and disagreeable process of filling the Hospital's marsh land, and the construction of North Charles Street". He quotes from Dr. John C. Warren's letter, written from London in 1837, as to the then believed cause of erysipelas, and his description of the new "blacksmith bed". He tells us about the many ideas at M.G.H. regarding the cause of the erysipelas outbreaks (which continued up to about 1862) and the various measures taken to combat the disease. You may be surprised to learn that the problem seemed so hopeless of solution that as late as 1875 the Board of Consultation who investigated the drains, recommended the removal, at some future time, of the Hospital to a new site. Dr. Washburn concludes the chapter with these words: "Little do we think as we look upon the Hospital's fine buildings — the Phillips House, the Baker Memorial, the Out-Patient Building, and the George Robert White Memorial Building, now rising highest of them all — of the days when the river covered their sites, or the less agreeable days of the filling of the marshes. . . ."

Jan. 23, 1839 — At this Annual Meeting of the Corporation, the vote was passed by which all persons who have served, or should thereafter serve, as Trustees, should be considered members of the Corporation.

Jan. 19, 1853 — The Trustees received a letter from Dr. John C. Warren, requesting that his name be not included among the candidates at their next election. The preamble and vote which was thereupon passed by the Trustees is as follows:

More than forty years ago Dr. Warren, and his associate, Dr. James Jackson, by an admirable circular letter, first called the attention of the public to the necessity of a Hospital. Becoming thus one of our original founders, he was appointed our first Surgeon, and has been annually re-elected to that office ever since.

His name has become illustrious in the annals of American Surgery, and reflects honor on the Institution which is so deeply indebted to him for its establishment and success. Finding here those opportunities of professional practice by which his own skill and experience were from year to year increased, he has, in return, devoted to the gratuitous performance of his official duties among us much time and thought during a long life. By pecuniary donations and otherwise, he has manifested a continued interest in the welfare of the Hospital. And now that, having completed his labors, he is about to retire from this honorable and responsible situation, the Trustees would assure him of their best wishes for his future health and happiness. And they would congratulate the Institution and himself on the circumstance that he leaves behind him in our service, and, as we hope, for many years to come, a son whose high professional skill and attainments are universally recognized as worthy of his parentage.

Voted, That Dr. Warren be requested to sit for his bust or portrait, to be preserved at the Hospital, and that Messrs. Lowell and Dexter be a committee to communicate to him this wish of the Trustees.

Jan. 19, 1859 — Authority was given to the Chairman of the Board to execute an indenture in behalf of the Corporation with the City of Boston, providing for the filling up of the flats lying between the Hospital grounds and the Harbor Commissioners' line.

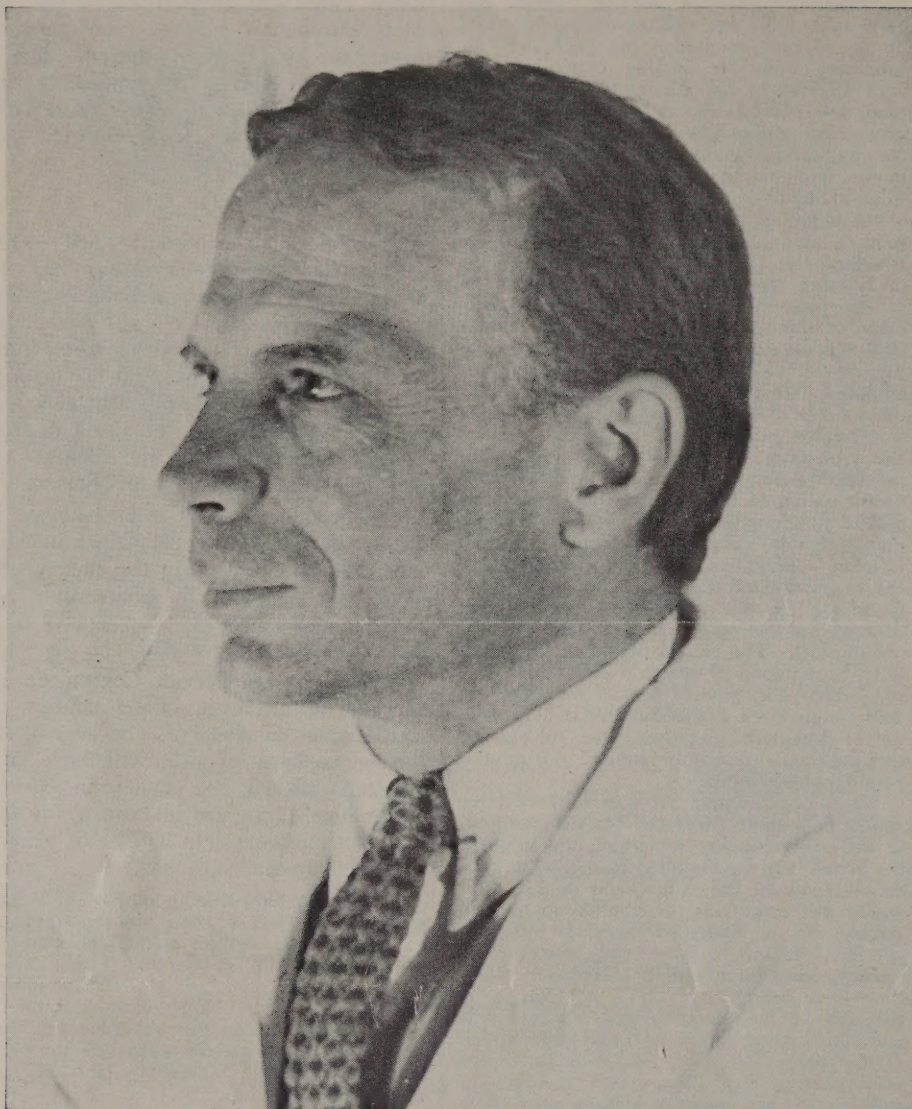


New addresses:—

- Lt. John G. Freymann, USPHS (M 1947), APO 751 (American Consulate), c/o Postmaster, New York, N. Y.
- Dr. Joseph Garland (CM 1919 & EM 1921), 8 Fenway, Boston 15, Mass.
- Dr. Earl A. Glicklich (a. D.), 422 Beacon St., Boston, Mass.
- Dr. John Homans, Jr. (W'M 1942), 101 Bay State Road, Boston, Mass.
- Dr. Robert J. Joplin (P 1929 & Or. 1933), 1180 Beacon St., Brookline, Mass.
- Dr. Roger W. Morrison (ES 1943), 1432 Durand Court, Rochester, Minn.
- Dr. Duncan E. Reid (a. obst.), 221 Longwood Ave., Boston, Mass.
- Dr. Henry B. Ruley (NS 1939 & W'S 1941), Medical Arts Bldg., Oak Ridge, Tenn.
- Dr. Jacob H. Swartz (d.), 422 Beacon St., Boston, Mass.

Brief bits:—

Since Dr. Emerson Drake (a.r.s. 1945) did not use his military title of Lieutenant when he sent his new address — 296 Walpole St., Norwood, Mass. — we infer he is out of the Navy.



NO. 8 IN A SERIES OF STAFF PHOTOGRAPHS
DR. STANLEY COBB — CHIEF OF THE PSYCHIATRIC SERVICE

Dr. Robert S. Hormell (*Or.* 1942), similarly, discarded the "Capt." before his name when he sent his new address — 1180 Beacon St., Brookline, Mass. Our last report on him placed him in the Pacific Theatre. That was nearly three years ago. Oh, these silent ones!

A letter from Capt. James M. Judd, MC, AUS (*ES* 1944) to the X-ray Department shows his promotion to this rank.

Dr. Foster L. Matchett (*Or.* 1934) was also in the Pacific Area at the time of our last report from him, in July of 1945. His renewal to *THE NEWS* gives 1044 Olive St., Denver 7, Col., as his new address.

Dr. Wade Volwiler (*M* 1944) is on a year's leave of absence. He is out at the Mayo Clinic in Rochester, Minn.

A letter from Miss Olive L. Dingle has been passed on to us. Miss Dingle, who is Dr. Smithwick's technician, went to South Africa on vacation, but is performing tests while there on some of Dr. Smithwick's postoperative cases. Her letter is from Johannesburg, and she writes:

Dr. S. P. Jacobson [*gr. asst.* 1938] invited me to dinner at his home not long ago. I had a marvelous time, met interesting people, enjoyed a wonderful dinner (including wine), and felt right at home. It was a privilege to spend an evening in such charming company.

I've talked with Dr. P. J. Kloppers [*gr. asst.* 1944] who is now on holiday. Hope to see him later. He is married and has a son two months old.

Africa is out of this world. I'm writing this in a lovely garden, surrounded by sunshine, flowers, and birds. I breakfast in bed every morning — have just finished morning tea. It's impossible to give a real idea of the wonder of it all.

Please give my best to any of my friends — doctors, telephone operators, information, nurses, etc. There are no post cards that I can find, and paper and postage are so expensive I can't write everyone.

Wonderful trip, wonderful company, wonderful land.

Mr. Wilbour C. Lown, who was Head of our Photographic Laboratory before he joined the Navy in 1943, is now a Major in the Army. He sends this explanation of the transfer.

The change of address to Signal Corps Photographic Center, 35 — 11 Thirty-fifth Avenue, Long Island City 1, New York, may be startling. The reason is simple. The Navy's medical film program is inactive, the Army's active — ergo the change from Naval Reserve to Army Reserve, to active duty. The uniform is different, the serial number longer — otherwise little difference.

Housing is a problem here, so for the present Mrs. Lown will stay in Bethesda and the home address remains the same.

THE NEWS is a pleasure. Every year away from the M.G.H. increases its importance to me.

It is good to hear again from Dr.

Joseph M. Stowell (*gr. asst.* 1944). He writes, from 1107 Thirteenth Avenue, Altoona, Pennsylvania:

Since being placed on inactive duty from the Navy, 24 June 1946, I have been in private practice in general surgery in Altoona. I am on the surgical staffs of the Altoona Hospital and the Nason Hospital, and Consultant in General Surgery in the Cresson Tuberculosis Sanitarium, Cresson, Pennsylvania. Practice has been gradually increasing, and I feel that I am back on my feet again.

THE NEWS is a great institution, especially for one who is so far away from the General. It is always interesting to read about the doings of old friends. If it were not for *THE NEWS*, I would lose track of many of them.

THE NEWS is very glad to publish this letter from Dr. John H. Peters (*WM* 1943) and stands ready to cooperate in any way to further his suggested plan. Dr. Peters's address is Highland Road, R.D. No. 9, Pittsburgh 16, Pennsylvania.

I have a problem on my hands, and it recently occurred to me that you might be able to help solve it. Having spent a year in Germany in 1932-33 and having friends and relatives in England, I find there is a considerable list of people known to me who are at the moment in need of food and other help. Unfortunately, there are more of them than I can begin to send parcels to myself.

It seems possible to me that there may be readers of *THE NEWS* who are sending CARE parcels abroad and who would prefer to send them to definite people, instead of contributing to CARE's program without knowing where the food and clothing would be going.

I should be more than glad to send addresses of people I know over there who are in need, together with information about them, to anyone interested. It would relieve my mind about some of the deserving persons I am unable to help myself. As a matter of fact, if there are other MGH alumni or staff members in a position similar to mine, you might start a name exchange on a small scale.

Best wishes to *THE NEWS* and to all at M.G.H.

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FOUND — A WHITE HORSE

We have the white horse for the model of the first ambulance which Mr. Wall is making for us — a horse found in such a way as to stretch all bounds of the credible. Here is how it happened — believe it or not!

Within a day or two after Dr. Earle M. Chapman read our appeal in *THE NEWS* — within so short a time it seems as if the Fates must have contrived the whole thing — he was passing by the Technology Ambulance Service in Cambridge and happened to see Mr. Frank Galvin throwing into a trash pile a white horse of exactly our required dimensions. Dr. Chapman sprang into action at once, asked if he might have the animal, and brought him to our News office.

Dobbin shows signs of pretty hard driving, in the region of the legs, but we are hoping Mr. Wall's clever fingers can perform a successful plastic surgery operation. We are waiting now for the patient to come out of the ether and to get a report on his post-op condition. Let us all hope for the best; for the noble horse seems to be out of fashion in toy shops, these days of mechanical gadgets, and we were beginning to feel discouraged about the prospects of ever finding one of the required size.

